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Chairman: Mr. Al Bayati ..... (Iraq)

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The meeting was called to order at 10.15 a.m.

Agenda item 67: Promotion and protection of human rights (*continued*) (A/61/36, 97, 220 and 280)

(b) Human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms (*continued*) (A/61/211, 267, 281, 287, 289, 306, 311, 312, 324, 325, 338, 340, 348, 352, 353, 384, 464, 465, 476, 506 and 513)

(c) Human rights situations and reports of special rapporteurs and representatives (*continued*) (A/61/276, 349, 360, 369 and Corr.1, 374, 469, 470, 475, 489, 504 and 526)

1. **Mr. Hunt** (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health), introducing his report (A/61/338), said that 500,000 women each year died in childbirth or from complications of pregnancy, and for each woman who died, 30 suffered from related injuries, infection and disabilities. Nine out of ten women who died lived in Africa or Asia, and women in some poor countries had a one-in-ten chance of dying in childbirth, whereas that figure increased to one in 8,700 for women in some rich countries. Those facts were shocking not only because they were preventable but also because they exposed profound health inequalities: women in developing countries bore the brunt of the burden of maternal mortality; ethnic minority women, indigenous women and women living in poverty, in both developing and developed countries, accounted for a disproportionate share of that burden; and there was no single, remotely comparable, cause of death and disability for men between the ages of 15 and 44. In short, maternal mortality highlighted global, ethnic and gender inequalities, compounded by poverty.

2. The Millennium Project Task Force 5 on HIV/AIDS, Malaria, TB, Other Major Diseases, and Access to Essential Medicines emphasized the role of human rights, including the right to health, in combating maternal mortality. He had begun to explore that issue in his report, and was convinced that the right to health had a constructive contribution to make to maternal health policies. Avoidable maternal mortality violated women's rights to life, health, equality and non-discrimination. It was a serious human rights problem on a massive scale — greater than that of executions or disappearances, for example — and the human rights community should mount a global human rights initiative accordingly. Government, managers of health facilities, the international community and families and communities at local level all had an important role to play, and donors must not only help developing countries but also examine their own domestic policies, where disaggregated data often exposed discriminatory maternal health outcomes. Tackling maternal mortality was a strategy for achieving a more far-reaching goal: establishing effective, integrated, responsive health systems that were accessible to all.

3. Access to medicines formed an indispensable part of the right to the highest attainable standard of health, and was also addressed by the Millennium Development Goals. Gross inequity in access to medicines remained the overriding feature of the world pharmaceutical situation: average per capital spending on medicines in rich countries was 100 times higher than in low-income countries, and 15 per cent of the world's population consumed over 90 per cent of the world's pharmaceutical production.

4. His report examined access to medicine through the analytical framework relating to the right to health; highlighted the need for a reliable system for the supply of good quality medicines that were affordable to all, including those living in poverty and other disadvantaged groups; and drew attention to the problem of corruption, arguing that a right-to-health policy was also an anti-corruption policy.

5. More research and development was needed to promote the availability of new drugs for those diseases causing a heavy burden in developing countries. While the main responsibility for enhancing access to medicines lay with States, numerous national and international actors shared that responsibility, particularly pharmaceutical companies. To that end, he was drawing up, on the basis of a consultative process, draft guidelines for States and pharmaceutical companies on access to medicines, on which he would report to the Human Rights Council.

6. **Ms. Ajamay** (Norway) asked what features the Special Rapporteur would include in a reproductive health strategy that were not already contained in the strategy endorsed by the World Health Assembly in May 2004.

7. **Ms. Moreira** (Ecuador) asked how poor countries could improve their access to medicines, given the powers of pharmaceutical companies, and what the Special Rapporteur's views were of the medical practices of indigenous peoples, in particular regarding potential conflict with conventional medical systems.

8. **Mr. Cumberbach Miguén** (Cuba) asked what measures could be taken to achieve universal access to comprehensive prevention programmes, treatment, care and support by 2010, as enshrined in the Political Declaration on HIV/AIDS adopted in June 2006, not only in the area of HIV/AIDS but in the implementation of the right to health in general.

9. **Mr. Moreira** (Brazil) asked the Special Rapporteur for information on the work he had carried out in the area of neglected diseases, in the light of the mandate given to him in 2003 by the former Commission on Human Rights. He would welcome more information on the issue of the shared responsibility of States and pharmaceutical companies in the area of access to medicines, and on the outcome of the consultations in the context of the right-to-health analytical framework.

10. **Ms. Kutz** (Canada) asked whether, given the devastating impact of HIV/AIDS on children, the Special Rapporteur believed that current international norms were sufficient to address the issue of infected and affected children, and how he thought that issue could be more effectively addressed in human rights forums, such as at the General Assembly and the new Human Rights Council.

11. **Mr. Hunt** (Special Rapporteur on the right to health) said, in response to the representative of Ecuador, that a first step in enhancing access to medicines would be to devise, by way of an inclusive, participatory process, a national medicines policy, accompanied by a plan for its implementation.

12. With regard to the medical practices of indigenous peoples, he referred her to his 2004 report on his mission to Peru (E/CN.4/2005/51/Add.3), which contained information on how to best promote and protect the right to health of indigenous communities in a culturally appropriate way.

13. In response to the comments by the representative of Cuba, he reiterated that he was drawing up guidelines on how to improve access to medicines. In his view, a responsibility arose from the right to health to engage in differential pricing — both between and within countries — to address wealth disparities. He had recently indicated to the Human Rights Council his willingness — if given the resources — to work on identifying the key components of a health system from the perspective of the right to health. Such key components would include: a participatory drugs policy; the collection of disaggregated data; and enhanced monitoring and accountability.

14. Turning to the comments made by the representative of Brazil, he said that the 2006 report on his mission to Uganda (E/CN.4/2006/48/Add.2) had been devoted to the issue of neglected diseases, and was of relevance not only for Uganda but for all countries having communities with neglected diseases. The report on his mission to the World Trade Organization (E/CN.4/2004/49/Add.1) included a section on neglected diseases, and he had co-authored a study entitled *Neglected Diseases: a Human Rights Analysis*, to be published by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

15. In response to the representative of Canada he said that more detailed international norms could be helpful in assisting more targeted action. With regard to the potential future work of the human rights system, he hoped that treaty bodies would raise the important issues referred to by Canada in their constructive dialogue with countries. To its credit, the World Bank was devoting resources and attention to the issue of HIV/AIDS, and he hoped that the countries shaping the policies of the World Bank would incorporate their human rights responsibilities into that work, to help ensure that World Bank policies on HIV/AIDS were inclusive, participatory, and reached the poor.

16. In response to the comments made by the representative of Norway he said that World Health Assembly policy on reproductive health could be made stronger through greater emphasis on participation; adolescence; and sexual health rather than merely reproductive health. In that connection, he commended the recent policy of Sweden on sexual and reproductive health and rights.

17. **Ms. Gomes** (Antigua and Barbuda) asked whether, in the consultations with pharmaceutical companies in the context of his draft guidelines, the

Special Rapporteur had taken into account intellectual property issues, and the fact that pharmaceutical companies sometimes preferred to research medical issues specific to certain regions.

18. **Ms. Leikas** (Finland) asked what progress the Special Rapporteur had made on the issue of impact assessment in the context of the right to the highest attainable standard of health, which the Commission on Human Rights had asked him to examine.

19. **Mr. Negrete Jiménez** (Mexico) asked how it was possible to involve young people, and especially young women, in the problem of maternal mortality, particularly with regard to the issue of sexual and reproductive health.

20. **Ms. Laurensen** (New Zealand) said the Special Rapporteur had previously stated that one of his objectives was to find a way to operationalize the right to health, or in other words to make it real. She asked how health indicators would contribute to that end — for example, how they could be used to reflect maternal mortality and access to medicines.

21. **Mr. Babadoudou** (Benin) said that the Special Rapporteur had touched on very sensitive issues, including that of corruption. One might wonder what link there was between corruption and the issues at hand. Furthermore, there were a number of problems regarding maternal health that had not appeared in the report, including counterfeit medicines and genital mutilation.

22. **Ms. Zhang** Dan (China) said that the issues of maternal mortality and access to medicines were important for the Millennium Development Goals. The Special Rapporteur had reaffirmed that the avenue to achieving the right to health was for States to take legislative and administrative measures and for developed countries to take responsibility for providing international assistance and cooperation to help developing countries achieve that right. To cope with the sudden outbreak of pandemics in a globalized world, China advocated efforts at capacity-building in public health at the global level and active work on the matter within the General Assembly and regional organizations. Her delegation requested that the Special Rapporteur give a briefing on the draft guidelines on access to medicines, notably on the principles and their possible application in the future.

23. **Mr. Alakhder** (Libyan Arab Jamahiriya) noted that some States imposed restrictions on pharmacies making medications available without a prescription, reasoning that dispensing drugs without prescriptions could imperil the lives of patients and expose the pharmacy to legal proceedings. Although restrictions were correct, there might be occasions where a person did not have the prescription with him, and going to the emergency room often entailed a long wait for treatment. He asked whether the Special Rapporteur was in favour of maintaining the restrictions but allowing exceptions.

24. On the matter of natural medicines, he noted that some companies promoted such medicines but that recently there had been scepticism about them and asked whether restrictions should be imposed on such companies.

25. The high rate of maternal deaths in childbirth revealed in the report was shocking, but some had called for the rights of women to reproductive health services to include abortion. Abortion should be allowed if a life was at stake, but he wondered whether it should be an absolute right, since abortion itself could jeopardize a person's life. That was especially true in developing countries where abortions were done by unlicensed practitioners and could endanger the lives of young women.

26. **Mr. Saeed** (Sudan) noted that the figures cited for maternal mortality were extremely worrisome, especially for developing countries. He would like to hear more on South-South cooperation — for example, exchanges of doctors and expertise — and wondered whether it could be developed.

27. **Ms. Bhattarai** (Nepal) said that her delegation supported the efforts of the Special Rapporteur in developing guidelines for pharmaceutical companies and appreciated his emphasis on making basic medicines accessible. She asked for his views on the special difficulties faced by the least developed countries, such as Nepal, and how their national capacity in the matters he was working on could be strengthened.

28. **Ms. Assoumou** (Côte d'Ivoire) noted that countries in crisis, such as Côte d'Ivoire, had a shortage of doctors, especially in areas under rebel control. Mortality and morbidity were very high as a result. Her delegation wished to know whether there were special policies in place for countries in a state of

war aimed at reaching the women who really needed them.

29. **Mr. Ceinos-Cox** (United States of America) asked, with regard to indigenous populations, whether the Special Rapporteur had examined traditional practices, and in particular female genital mutilation, which was so tragic and led to high maternal death rates.

30. **Mr. Kadiri** (Morocco) said that although States bore the primary responsibility for health, the international community also had an important role. He asked the Special Rapporteur to speak further on that issue, for example, in assisting States in dealing with HIV/AIDS.

31. **Mr. Chidyausiku** (Zimbabwe) noted that the issue of HIV/AIDS, a significant factor in female mortality, was missing from the report and asked whether there was a reason for that absence.

32. **Mr. Hunt** (Special Rapporteur on the right to health), responding to the second round of questions posed, said that he could not do justice to all of them but that his door was always open for people who wished to come and discuss them with him. His work on access to medicines did take intellectual property issues into account and he acknowledged that some regions were favoured with regard to research and development. He would try to cover those issues in his guidelines by looking at the responsibilities of rich States to introduce incentives to ensure that appropriate research and development was done and delineating some responsibilities for pharmaceutical companies. He had prepared a preliminary study on impact assessment in the context of the right to health and would introduce it to the Human Rights Council in his next report.

33. On the involvement of young people in matters of the right to health, in brief, they were young but not stupid: young people needed to be informed and included. It was necessary to find ways to encourage their participation and to give them information about sexual and reproductive health. Those were major challenges, but some countries had made progress on them.

34. The right to health was subject to progressive realization, meaning that the current expectations for a country were not the same as they would be five years later. It was necessary to have indicators and benchmarks so that States could tell whether they were improving. If they were not improving, they needed to be aware of that so that remedial action could be taken. Governments needed more indicators so that they knew what was happening in their national jurisdictions and whether they were meeting their responsibilities. More indicators were also needed at the international level, however, to indicate whether or not rich countries were fulfilling their obligation of international assistance and cooperation.

35. The question of corruption arose because there were links in the supply chain for drugs and in some countries, corruption existed at every link. It was the poor who suffered most because of corruption, and for that reason it was imperative that the issue should be dealt with.

36. With reference to the Millennium Development Goals, he undertook to brief States further in the future on his drafting of guidelines on the duties of States and pharmaceutical companies.

37. When it came to regulating the drug supply, the critical criterion for health rights was equitable access. States had a responsibility to put in place procedures that ensured equitable access for all, including in emergency situations.

38. On the issue of natural medicines, the right to health required that drugs should be safe and of good quality. Traditional medicines were permissible as long as they met those criteria.

39. On the question of maternal deaths and abortions, his report emphasized that countries had to establish their own policies on abortion. It should be noted that 13 per cent of maternal deaths worldwide, and 19 per cent in South America, were caused by unsafe abortions.

40. More South-South cooperation was certainly needed and available. It would be a step in the right direction to strengthen it further. As for the least developed countries, they were encouraged to ask both the World Health Organization (WHO) and the Office of the High Commissioner for Human Rights for technical assistance. Similarly, Côte d'Ivoire should address itself to WHO and its regional office.

41. With respect to traditional practices, evidence-based health interventions had to be balanced with cultural respect and sensitivity. He had not examined

the issue in any great detail to date, but acknowledged that it required greater attention.

42. **Mr. Salama** (Chairperson-Rapporteur of the Working Group on the Right to Development) said that, whereas a year earlier he had been able to report the achievement of conceptual clarity on the notion of the right to development, his current report (E/CN.4/2006/26) spoke of the actual realization of the right to development through concrete measures, while the topic for the current year was the Millennium Development Goals.

43. An important breakthrough had occurred at the seventh session of the Working Group on the Right to Development, in January 2006, when, using its pragmatic approach of recent years, the Working Group had adopted by consensus a set of criteria for the periodic evaluation of global development partnerships under Goal 8 from the perspective of the right to development. Because the Millennium Development Goals were largely about development rights but treated those rights only in the perspective of goals, it was important for the human rights community to inject the rights dimension into the debate on the Goals.

44. The Working Group had also recommended that the criteria should be applied to selected partnerships in the form of a pilot project with a view to making them operational and gradually developing them. That significant step would then contribute to mainstreaming the right to development in policies and operational activities at all levels, including within institutions engaged in multilateral finance, trade and development. He was pleased to announce that the Human Rights Council had fully endorsed the Working Group's recommendations. The high-level task force that had been set up to provide expertise to the Working Group would be visiting relevant international development organizations in order to develop a sound methodology by which to prepare the criteria for application at the country level.

45. A number of regional initiatives, as outlined in his report, were under way aimed at enhancing different aspects of international development, with particular emphasis on the mutual responsibility and accountability of all parties. They had been hailed as innovative, and concerted efforts were being made to ensure the high quality of implementation and monitoring. The hope was that the lessons learned would ensure that the right-to-development criteria, when applied, would help add value to those efforts. There was a new spirit of support from all quarters for the work on the right to development. With sustained commitment and the continued backing of the Committee, the hope remained that the process would contribute to international development efforts, particularly in making the right to development a reality for all.

46. **Ms. Bhattari** (Nepal) asked whether the Chairperson-Rapporteur of the Working Group gave attention to the special difficulties faced by countries that were emerging from conflict and violence and how he intended to pursue those efforts.

47. **Mr. Cumberbach Miguén** (Cuba) asked about the main obstacles that were still impeding the realization of the right to development and what recommendations the Working Group planned to make on the subject.

48. **Ms. Leikas** (Finland) asked what strategies States should adopt in order to maximize the benefits and minimize the drawbacks of international migration to global development and what role and responsibility the private sector should assume in contributing to the right to development.

49. **Mr. Guo** Jiakun (China) noted that 2006 marked the twentieth anniversary of the adoption of the Declaration on the Right to Development. While that inalienable human right was currently generally acknowledged, its realization remained a major challenge for developing countries. The international community should therefore guarantee the right of those countries to participate on an equal footing in the formulation of international norms and the changing of the current irrational economic trade and financial order. The Human Rights Council should continue to play its important role and to strengthen its cooperation with the relevant agencies of the United Nations system and international financial organizations to allow the international community to take substantive steps towards achieving the right to development.

50. **Mr. Salama** (Chairperson-Rapporteur of the Working Group on the Right to Development), replying to the questions raised, said that there were many obstacles to the realization of the right to development: the wide range of issues covered, political controversy over its role, definition and specific content; non-participation of fundamental stakeholders and fear of

the concept itself. However, the debate had become more substantive thanks to the Working Group's new methodology, whereby a specific topic was selected and then assigned to the expert task force for consideration. Nevertheless, for its successful realization, the right to development must be linked to other debates, as shown by the new standard set by the Working Group, which stated that all national trade and development policies and legislation must be preceded by a right-to-development impact assessment. The issue of migration and development had many human rights implications and should therefore be addressed in a comprehensive manner.

51. With regard to the private sector, the key was to ensure that the roles and responsibilities of duty holders were clearly defined. The best approach was to develop guidelines, especially in the case of non-State actors, as exemplified by the draft norms of the Subcommission on the Promotion and Protection of Human Rights on a code of conduct for transnational corporations and the guidelines for the role and responsibilities of pharmaceutical companies from a human rights perspective.

52. Concerning the twentieth anniversary of the Declaration on the Right to Development, two events were being organized in Berlin and Cairo, where experts would "brainstorm" on the issue and try to establish a road map for the future.

53. **Mr. Bustamante** (Special Rapporteur on the human rights of migrants), introducing his report (A/61/324), said that there had been a growing international awareness of migrants' positive contribution to development. In that regard, attention was often focused on issues such as remittances and the transfer of migrants' knowledge to their home countries. However, the migration experience also needed to be viewed in its human dimension. For example, in many countries, migrants could be held in administrative detention without reasonable evidence that they might escape or fail to comply with an expulsion order. Considering their limited rights to challenge the legality of the detentions, they could end up with fewer rights than persons facing criminal charges.

54. Migrants' economic, social, cultural, civil and political rights and right to development were also being violated, often starting in their country of origin and continuing into transit and receiving countries. Those violations could persist even at the international level, as evidenced by some countries' attempts to limit the application of fundamental guarantees to migrants' rights and the extreme reluctance of many States to ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

55. Social, economic and cultural factors were often at the root of the vulnerability of irregular migrants, women and children. Irregular migrants were particularly vulnerable to organized crime networks and exploitation by unscrupulous employers. Women migrants were also easy prey for organized crime and were potential victims of trafficking. The feminization of migration could be attributed to many factors: family reunification; employment and income inequalities in countries of origin; and women's entry into the workforce in host countries. In the case of child migrants, they were often abandoned by agents in transit countries, detained for prolonged periods, expelled or deported by authorities in receiving and transit countries and were exposed to a wide range of abuses.

56. Lastly, social and economic factors were both a cause of migration and a contributor to the abuse and human rights violations suffered by migrants. Those factors increased migrants' vulnerability to abuse, they could also determine not only the conditions of migration but also the ultimate personal and general benefits of the migration process.

57. **Mr. Prabowo** (Indonesia) said that his delegation agreed that Governments should undertake awareness campaigns, and hoped that more attention would be paid to migrants working in the informal sector, especially domestic workers, who were among the most vulnerable to abuse.

58. **Ms. Bhattarai** (Nepal) said that migrant workers represented a valuable resource for development for both the sending and receiving countries. She would like to know what the priorities were in follow-up to the high-level dialogue, especially regarding coordination within the United Nations system.

59. **Ms. Leikas** (Finland), speaking on behalf of the European Union, asked whether any best practices had been discovered with regard to the housing of migrants, from a perspective of respect for economic, social and cultural rights.

60. **Ms. Adjalova** (Azerbaijan) said that, since its independence in 1991, Azerbaijan had experienced significant migration as a country of origin, which had had an undeniable influence on society. Her delegation was concerned at the resurgence of extremism and violence against migrants, and would welcome the views of the Special Rapporteur on addressing such cases and putting an end to the impunity surrounding them. She would also like to know the extent of cooperation with other mandates, especially those on racism and trafficking in persons.

61. **Ms. Tchitanava** (Georgia) described the acts of xenophobia, racism and bigotry to which ethnic Georgians had been subjected in the territory of the Russian Federation, and asked what the Special Rapporteur could do to deal with those issues. She extended him a formal invitation to visit Georgia to learn of the problems directly from deportees.

62. **Mr. Ceinos-Cox** (United States of America) said that his country, as the destination for nearly a quarter of the world's migrants, was concerned at the politicization of the issue. A great deal of attention had been focused on the fence being constructed on its southern border, but not on the work visas being issued to migrants. He wondered whether the Special Rapporteur had been able to study the subject of the responsibility of migrants towards the laws of their transit and destination countries.

63. **Mr. Bustamante** (Special Rapporteur on the human rights of migrants) said that he was grateful to the Government of Indonesia for its invitation to visit, and for its efforts to protect migrant domestic workers. In the follow-up to the High-level Dialogue on International Migration and Development (ibid., para. 24), greater emphasis would be placed on human rights protections for migrants and on ways to maximize their potential as a source of wealth for both countries of origin and destination. The ratification of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families had in some ways resulted in a new division of the world into countries of origin and countries of destination; for the most part, developed or receiving countries had not ratified the Convention. He agreed with the representative of Azerbaijan that the growing wave of xenophobia and racism against migrants needed more attention.

64. In response to the representative of Georgia, he was aware of the situation of Georgian migrants in general terms, and welcomed the invitation to visit her country. He agreed with the representative of the United States that the responsibility of migrants, both legal and irregular, towards the laws of their countries of residence was an area needing more attention. However, the lack of ratification of the Convention by destination countries had hampered those efforts.

Statements in exercise of the right of reply

65. **Mr. Chidyausiku** (Zimbabwe) said that his delegation wished to respond to the unwarranted accusations by the representative of Finland speaking on behalf of the European Union at an earlier meeting. The High Commissioner for Human Rights had emphasized dialogue and cooperation as the way forward for her mandate, which seemed a sensible approach in keeping with the ninth and tenth preambular paragraphs of General Assembly resolution 60/251 establishing the Human Rights Council. That approach seemed to be lost on the European Union, however, which ignored its own human rights violations while pointing the finger at other countries.

66. In Zimbabwe, there was due process of law; the courts decided on the innocence or guilt of an individual. Regarding its concerns about torture, he recalled that the European Union had voted against resolutions on the situation of human rights at Guantánamo Bay, which amounted to an endorsement of torture. It had done so before the involvement of some States Members of the European Union in the programme of rendition of Guantánamo detainees had become known, making it unacceptable for those countries to present themselves as human rights advocates. General Assembly resolution 60/251, in addition to establishing the Human Rights Council, had been intended to set a tone for the international dialogue. The European Union should therefore re-examine its approach.

67. **Mr. Giorgio** (Eritrea) said that his country was party to most of the core international human rights instruments and was making efforts to improve conditions for its people. The full realization of their human rights was a goal to be achieved. All its citizens were entitled to religious freedom, especially those belonging to religious minorities. The issue referred to in the statement made by Finland on behalf of the European Union was not about religious freedom, but

about efforts to misuse religious grounds to avoid compulsory national service, which was required of all able-bodied citizens over the age of 18. His Government would not be held hostage to any extremist religious view from any tradition.

68. **Mr. Zakirov** (Uzbekistan) said that his delegation had hoped that the reform of the United Nations human rights system would result in constructive dialogue on human rights principles. Unfortunately, Finland had discredited the ideals of the United Nations by using political manipulation, double standards and a selective approach in addressing the situation in Uzbekistan.

69. The representative of Finland had misled the Committee by stating that Uzbekistan had not followed the recommendations of the Special Rapporteur on the question of torture, when 20 out of the 22 recommendations had been implemented, and the report (E/CN.4/2003/68/Add.2) circulated widely. As for Uzbekistan's alleged non-participation in United Nations human rights institutions, in the past year alone it had submitted its periodic reports to several treaty bodies and had actively cooperated with the specialized agencies to establish indicators for the Millennium Development Goals.

70. **Ms. Mariam** (Ethiopia) said that, in response to the baseless allegations made by Finland on behalf of the European Union, she wished to bring to the attention of the Committee the fact that the May 2005 national and regional elections in Ethiopia had been declared free and fair by the national electoral body and by international observers. Some in the opposition parties had refused to accept the outcome, however, and had instigated violence, which had resulted in the death of civilians and law enforcement officers and destruction of property. Despite winning 175 seats in the legislature, the opposition had engaged in street violence with the objective of subverting the Government.

71. The Government had restored order and the trials under way complied with due process and were being conducted in full transparency. International observers, including from the European Union, journalists and family members had access to the detainees. The proceedings had been wrongly characterized as arbitrary.

72. **Mr. Ceinos-Cox** (United States of America) said that his delegation took offence at the implication that Guantánamo Bay represented torture. His country had no interest in being the world's jailer, and its President and senior officials had expressed the desire to close the detention centre, but could not do so until it could protect itself and its allies from the dangerous men housed there. His Government had appealed to countries to work with it to transfer the remaining eligible detainees as quickly as possible to reduce the population in Guantánamo Bay.

73. In closing, he described the provisions of the law recently enacted establishing the procedures for trials of enemy combatants, including members of Al-Qaida, in a manner that fully complied with common article 3 of the Geneva Conventions, which had been ruled applicable to the conflict by the United States Supreme Court.

The meeting rose at 1 p.m.